

EXHIBIT A

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 3/09)

3202249004268

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DIANA		3. LAST (Family) LIPTON	
2. MIDDLE LYNN		4. DATE OF BIRTH mm/dd/yyyy 09/08/1950	
5. AGE Yrs. 72		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS (DEF. at Time of Death) DIVORCED	
11. DATE OF DEATH mm/dd/yyyy 12/08/2022		12. HOUR 104 Hours 1038	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		18. YEARS IN OCCUPATION 43	
19. DECEDENT'S RESIDENCE (Street and number, or location) 2728 IRONSTONE CIRCLE			
20. CITY SANTA ROSA		21. COUNTY/PROVINCE SONOMA	
22. ZIP CODE 95407		23. YEARS IN COUNTY 21	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP EVIE WILLNER, SISTER	
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route, box, city or town, state and zip) 9962 PETROGLYPH CANYON AVE, LAS VEGAS, NV 89166		27. NAME OF SURVIVING SPOUSE (S/H/SX) - FIRST -	
28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT - FIRST LLOYD		31. MIDDLE -	
32. LAST MOXON		33. BIRTH STATE CA	
34. NAME OF MOTHER/PARENT - FIRST AIDA		35. MIDDLE -	
36. LAST (BIRTH NAME) WEINGER		37. BIRTH STATE CA	
38. DISPOSITION DATE mm/dd/yyyy 12/15/2022		39. PLACE OF FINAL DISPOSITION SCATTER AT SEA OFF THE COAST OF LOS ANGELES COUNTY	
40. TYPE OF DISPOSITION(S) CREMATE/SCATTER AT SEA		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT SMART CREMATION		43. LICENSE NUMBER -	
44. LICENSE NUMBER FD2008		45. SIGNATURE OF LOCAL REGISTRAR SUNDARI R. MASE, MD, MPH	
46. DATE mm/dd/yyyy 12/14/2022		47. PLACE OF DEATH KAISER FOUNDATION HOSPITAL - SANTA ROSA	
48. COUNTY SONOMA		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 401 BICENTENNIAL WAY	
50. CITY SANTA ROSA		51. CAUSE OF DEATH URINARY TRACT INFECTION	
52. IMMEDIATE CAUSE (Final disease or condition resulting in death) URINARY OBSTRUCTION		53. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST OVARIAN CANCER	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107) NONE		55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127? (If yes, list type of operation and date) NO	
56. SIGNATURE AND TITLE OF CERTIFIER ROBERT MARTIN O'MALLEY, MD		57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DIPAL PATEL, MD	
58. SIGNATURE AND TITLE OF CERTIFIER DIPAL PATEL, MD		59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 401 BICENTENNIAL WAY, SANTA ROSA, CA 95403	
60. MANNER OF DEATH (Natural, Accident, Homicide, Suicide, Pending Investigation, Could not be determined) <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		61. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
62. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		63. INJURY DATE mm/dd/yyyy	
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		65. HOUR 04 Hours	
66. LOCATION OF INJURY (Street and number, or location, and city, and zip)		67. SIGNATURE OF CORONER / DEPUTY CORONER	
68. DATE mm/dd/yyyy		69. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
70. STATE REGISTRAR		71. FAX AUTH.#	
72. CENSUS TRACT		73. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SONOMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

* 000638683 *

DATE ISSUED

DEC 19 2022

Deva Marie Proto
DEVA MARIE PROTO, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE